MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

025 78

1855

Reg. Dist. No. 73

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural.; STREET ADDRESS (If rural give location) near Blueball.

3. NAME OF DECEASED (Type or Print): (First) ISABELLA (Middle) E (Last) ANDERSON

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1949.

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: 3-30-1864 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months 11 Days 27 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Cecil Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Scarborough | 14. MOTHER'S MAIDEN NAME: Anna E Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Howard R Mendenhall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemiplegia Left side

334 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

822 (c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1948, to 3-27, 1949, that I last saw the deceased alive on 3-21, 1949, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. McDodson MD Cleaning Sum. Md. 3-28-49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 3/30/49 | NAME OF CEMETERY OR CREMATORY Leede Metho. Cem. | LOCATION (City, town, or county) (State) Cecil Co. Maryland

DATE REC'D BY LOCAL REG. Mch 28-49 | REGISTRAR'S SIGNATURE L M Worthington | 24. FUNERAL DIRECTOR J. E. Tyson. | ADDRESS Rising Sun, Md.

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02579

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Elkton RD 3

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Anderson

4. DATE OF DEATH: (Month) Mar (Day) 12 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH June 13-62 | 9. AGE last birthday 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Faw | 14. MOTHER'S MAIDEN NAME Nancy Crow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Mrs Bertha Gravell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 3 dys

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 422.1 932

(c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 8, 1949, to Mar 12, 1949, that I last saw the deceased alive on Mar 8, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur C Menaker MD — ADDRESS Newark Del — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Mar 16-1949 | NAME OF CEMETERY OR CREMATORY Head of Christiana | LOCATION (City, town, or county) (State) Newark Del R D

DATE REC'D BY LOCAL REG. 3/16/49 | REGISTRAR'S SIGNATURE J R Frazer | 24. FUNERAL DIRECTOR R. T. Jones — ADDRESS Newark Del

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0258092

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earleville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) 1 (Last) Barclay
4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 15 1869
9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal
11. BIRTHPLACE (State or foreign country) Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Barclay
14. MOTHER'S MAIDEN NAME Janet Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Post operative Collapse	2 days
610 Antecedent cause(s)	(b) Retention of urine	3 months
137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertrophy of prostate	6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3/22/49
19b. MAJOR FINDINGS OF OPERATION Enlarged hypertrophy of prostate (no carcinoma)
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1949, to 3/29, 1949, that I last saw the deceased alive on 3/28, 1949 and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE H. V. Davis (Degree or title) MD ADDRESS Chesapeake City Md DATE SIGNED 3/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 21 1949
NAME OF CEMETERY OR CREMATORY Tempelville
LOCATION (City, town, or county) Tempelville (State) Md.

DATE REC'D BY LOCAL REG. April 1, 1949
REGISTRAR'S SIGNATURE Edward Fellows.
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

F. R. Frazer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02581

FILM No. G 119 MAR 16 1949 **CERTIFICATE OF DEATH** Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) BAYARD

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1949.

5. SEX: F. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Single | 8. DATE OF BIRTH: 2-16-1881 | 9. AGE last birthday: 68 60 yrs. | If under 1 year: Months, Days 24, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Housework | 11. BIRTHPLACE (State or foreign country): Unk. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no information | 14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction

Antecedent cause(s) 561.3 122a
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ventral Hernia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-8-49. | 19b. MAJOR FINDINGS OF OPERATION: Intestinal Obstruction | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree) ADDRESS DATE SIGNED
R.L. Dodson M.D. Medical Examiner for Cecil County Rising Sun Md 3-9-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar 11 1949 | NAME OF CEMETERY OR CREMATORY: Int Goar | LOCATION (City, town, or county) (State): Conowingo Md.

DATE REC'D BY LOCAL REG. 3/9/49 | REGISTRAR'S SIGNATURE: F.R. Frazer | 24. FUNERAL DIRECTOR: J.C. Tyson | ADDRESS: Rising Sun Md.

VS. A15

RECEIVED
MAR 11 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12582

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md. — LENGTH OF STAY (in this place): 11 yrs. 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) O.W. (Last) Brandenburg

4. DATE OF DEATH: (Month) Mar. (Day) 7, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-7-1898

9. AGE last birthday: 51 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Oliver J. Brandenburg

14. MOTHER'S MAIDEN NAME: Susie Molesworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute coronary insufficiency	7-8 minutes
Antecedent cause(s)		due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Thrombosis	
	(c)		

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): -- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Aug. 19, 1937, to Mar. 7, 1949, that I last saw the deceased alive on Mar. 7, 1949, and that death occurred at 8:28 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. Trollinger
A.E. TROLLINGER, M.D., Chief, Professional Svcs., VAH, Perry Point, Md. March 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 3-8-49 — NAME OF CEMETERY OR CREMATORY: Damascus Cemetery — LOCATION (City, town, or county) (State): Damascus, Md.

DATE REC'D BY LOCAL REG.: Mar. 8, 1949 — REGISTRAR'S SIGNATURE: Irma E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth
OLIN L. MOLESWORTH, Damascus, Md.

RECEIVED
MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02583

CERTIFICATE OF DEATH

Reg. Dist. No. 96

EVIDENCE FOR CHANGE OF AGE IS ON: FILM # 119 - 3-24-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md; LENGTH OF STAY (in this place): 8 yrs. 3 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: None; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: None; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) BERNARD; (Middle) -; (Last) BROLLY

4. DATE OF DEATH: (Month) March; (Day) 13, ; (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1876

9. AGE last birthday: ~~68~~ 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Hartford, Conn.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If year, give war or dates of service): PT & WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage, cerebral — Interval Between Onset and Death: 3-4 hrs.

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, cerebral and generalized

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing deatb.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: --

22. I hereby certify that I attended the deceased from Nov. 22, 1940, to Mar. 13, 1949, that I last saw the deceased alive on Mar. 13, 1949, and that death occurred at 3:25 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. Trollinger — A.E. TROLLINGER, M.D., Chief, Professional Svcs, VAH, Perry Point, Md. — Mar. 16, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Removal; DATE: Mar. 16, 1949; NAME OF CEMETERY OR CREMATORY: Baltimore National; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: March 16, 1949; REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAR 18 1949
U. S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02584

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural – Pleasant Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Vernon (Last) Brown

4. DATE OF DEATH (Month) March (Day) 2 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 11/12/1879

9. AGE last birthday 69 yrs. If under 1 year Months 3 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Nottingham, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Eastburn Brown

14. MOTHER'S MAIDEN NAME Eva McCarter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT E. Kirk Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R. C. Dodson M.D. (Medical Examiner for Cecil County) ADDRESS Rising Sun Md DATE SIGNED 3-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/5/49 NAME OF CEMETERY OR CREMATORY Rosebank Cemetery LOCATION (City, town, or county) Calvert, Cecil Co. (State) Md.

DATE REC'D BY LOCAL REG. 3/4/49 REGISTRAR'S SIGNATURE F. R. Frazer

24. FUNERAL DIRECTOR Ralph M Reed ADDRESS Rising Sun

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02585

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 2½ do.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md
STREET ADDRESS (If rural, give location) Curtis Ave.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Bryson
4. DATE OF DEATH (Month) March (Day) 1 (Year) 1949
5. SEX Male
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH Feb 29 - 1860
9. AGE last birthday 89 yrs. If under 1 year Months. Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Elkton R.D. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Bryson
14. MOTHER'S MAIDEN NAME Hester Ann Foreacre
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Susan Bryson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	5 days
Antecedent cause(s)	(b) Arterio Sclerosis. General	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardio vascular renal disease	

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1949, to 3/1, 1949, that I last saw the deceased alive on 3/1, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 3/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar 3/49
NAME OF CEMETERY OR CREMATORY North East
LOCATION (City, town, or county) North East Md (State)

DATE REC'D BY LOCAL REG. 3/3/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
MAR 4 1949
BUREAU T. S.

02586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (In this place) Travelling
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havede Grace
STREET ADDRESS (If rural, give location) 240 Seneca St.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) (Last) BUTLER
4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-26-1884
9. AGE last birthday 64 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Engineer
10b. KIND OF BUSINESS OR INDUSTRY U.S.P. Grounds.
11. BIRTHPLACE (State or foreign country) Pike Co., Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Horace La Bar Butler
14. MOTHER'S MAIDEN NAME Carrie H. Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 220-12-7548
17. INFORMANT Homer Butler, 133 Jeffrey St. Brooklyn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R C Dodson MD (Degree or title) Medical Examiner for Cecil County ADDRESS Rising Sun Md DATE SIGNED 3-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial DATE 3-24-49
NAME OF CEMETERY OR CREMATORY Mount Cobb Cemetery
LOCATION (City, town, or county) Mount Cobb, (State) Pa.

DATE REC'D BY LOCAL REG. March 22, 1949
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Lee A Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 120 APR 26 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02587

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Va COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton / LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) O	(Last) Carter	4. DATE OF DEATH	(Month) March	(Day) 31	(Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 2, 1902	9. AGE last birthday 46 47 yrs.	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER	10b. KIND OF BUSINESS OR INDUSTRY COAL MINES	11. BIRTHPLACE (State or foreign country) West VA.	12. CITIZEN OF WHAT COUNTRY? U. S. A.						
13. FATHER'S NAME Charles Carter		14. MOTHER'S MAIDEN NAME Elena Rowe							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service) —	16. SOCIAL SECURITY No. ?	17. INFORMANT LAURA Murphy - Sister						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	2 days
523.0 Antecedent cause(s) 114a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right ventricular failure	3 days
	(c) Silicosis	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/27/49 to 3/31/49, that I last saw the deceased alive on 3/31/49, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos L. Buchanan M.D. Havre de Grace Md 3/31/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial forbid	DATE April 2, 1949	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) Jaeger, West Va.	(State)
DATE REC'D BY LOCAL REG. 4/2/49	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR Harry W. Pippin & Son	ADDRESS Elkton Md	

RECEIVED
APR 5 1949
BUREAU V. S.

313 Hollingsworth Manor.

MARYLAND STATE DEPARTMENT OF HEALTH

02588

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Cecil~~ Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Havre de Grace
STREET ADDRESS (If rural, give location) RD # 2

3. NAME OF DECEASED (Type or Print): (First) Maywood (Middle) (Last) Cochrane

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 28, 1875

9. AGE last birthday: 73 yrs. — If under 1 year: Months. 6 — Days 7 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Floyd Cochrane

14. MOTHER'S MAIDEN NAME: Florence Cresmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Clinton Cochrane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 2 days

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina pectoris — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28 19 49, to March 29, 19 49, that I last saw the deceased alive on March 29, 19 49, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Ralph Andrews Jr. M.D. — M.D. — 2338 Main St. Elkton Md. — 3/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 4/1/49 — NAME OF CEMETERY OR CREMATORY Angel Hill — LOCATION (City, town, or county) (State) Havre de Grace

DATE REC'D BY LOCAL REG. March 31 1949 — REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR — ADDRESS Pennington & Son

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02589

Reg. Dist. No. 96

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 119 MAR 11 1949

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: 78 N. main St.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit; STREET ADDRESS (If rural give location): 78 N main St

3. NAME OF DECEASED (Type or Print): (First) Rhoda (Middle) Elizabeth (Last) Conquest	4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1949							
5. SEX: female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow	8. DATE OF BIRTH: 12-1-1889	9. AGE last birthday: 60 ~~67~~ yrs.	If under 1 year: Months 3	Days 2	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic	10b. KIND OF BUSINESS OR INDUSTRY: House Work	11. BIRTHPLACE (State or foreign country): Woodlawn Cecil Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME: John P. Mason	14. MOTHER'S MAIDEN NAME: Sallie E Dunmore							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Harry J. Mason					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary disease

420.1 Antecedent cause(s)

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis & Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R E Dodson M.D.	Medical Examiner for Cecil County	Rising Sun Md	3-3-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-7-1949	Eden Cemetery	Near, Darby Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 4, 1949	Irene E. Daugherty.	Vera. Patterson & Son,	Perryville, Md.

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12590

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural, give location) 1818 N. Van Buren Street ✓

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) I. (Last) COOK

4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 5-31-1900

9. AGE last birthday: 48 yrs. If under 1 year: Months. 9 Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick Cook

14. MOTHER'S MAIDEN NAME: Mary Casey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY No.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gangrene of foot, right, organism not determined — 4 days

455 Antecedent cause(s)

98 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing deatb.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: --

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Feb.19, 1948, to Mar.10, 1949, that I last saw the deceased alive on Mar.10, 1949, and that death occurred at 3:13 AM m., from the causes and on the date stated above.

SIGNATURE A.E. Trollinger — (Degree or title) M.D., Chief, Professional Services — ADDRESS VA Hospital, Perry Point, Md. — DATE SIGNED 3-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 3-10-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: March 10, 1949 — REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAR 12 1949
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02591

Reg. Dist. No. 9-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton | LENGTH OF STAY (in this place): MARYLAND | HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. | COUNTY: Cecil | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural | STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) (Last) DAVIS

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1949

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced | 8. DATE OF BIRTH: 9-19-1867 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Penn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no information | 14. MOTHER'S MAIDEN NAME: Ella Dolley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): | 16. SOCIAL SECURITY NO.: | 17. INFORMANT: Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

R E Dodson M.D. Medical Examiner for Cecil County Rising Sun Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar 19/49 | NAME OF CEMETERY OR CREMATORY: Oxford | LOCATION (City, town, or county) (State): Oxford Pa

DATE REC'D BY LOCAL REG. 3/18/49 | REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: H W Tippin | ADDRESS: Elkton, Md

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02592

CERTIFICATE OF DEATH

Reg. Dist. No. 6 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit | LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Md.
STREET ADDRESS (If rural give location) 134 N. Main St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) James (Last) Fuss
4. DATE OF DEATH: (Month) Mar (Day) 21 (Year) 19 49
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 18 1876
9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Rowlandville Cecil Co.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Albert Fuss
14. MOTHER'S MAIDEN NAME: Sadie Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Flaharty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	1937-4
Antecedent cause(s)	Paralysis Left Side -	1949 -
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1949, to Mar 20 1949, that I last saw the deceased alive on Mar 20, 1949 and that death occurred at 1.15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
B. F. Benson M. D. | Port Deposit Md | 3-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar 24 49 | NAME OF CEMETERY OR CREMATORY Oakwood | LOCATION (City, town, or county) (State) Conowingo Cecil Md.

DATE REC'D BY LOCAL REG. Mch 22-49 | REGISTRAR'S SIGNATURE L. M. Worthington

24. FUNERAL DIRECTOR | ADDRESS
J. E. Tyson Rising Sun Md.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02593

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 267 Mackall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 267 Mackall

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Jamison

4. DATE OF DEATH (Month) March (Day) 22 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 10, 1870
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Bucks Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Ridge
14. MOTHER'S MAIDEN NAME Elizabeth Arrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Millard R. Jamison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584 Immediate cause (a) Cholelithiasis — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

Antecedent cause(s)

126 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteo-arthritis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1948, to March 22, 1949, that I last saw the deceased alive on March 22, 1949 and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milford W. Sprecher, M.D. Elkton, Md. March 23, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 25/49
NAME OF CEMETERY OR CREMATORY North East
LOCATION (City, town, or county) (State) North East, Cecil Md

DATE REC'D BY LOCAL REG. 3/24/49
REGISTRAR'S SIGNATURE F W Frazer
24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton, Md. Per W. A. Lusby

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02594

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East.
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) T (Last) KELLY.

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1949.

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Feb. 14 1873 — 9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.R. Hand — 10b. KIND OF BUSINESS OR INDUSTRY: P.R. Shop — 11. BIRTHPLACE (State or foreign country): North East Md — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: C. Charles Culley — 14. MOTHER'S MAIDEN NAME: Lydia Margaret Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.: 716-01-6183 — 17. INFORMANT: Mary E Kelly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral Lobar Pneumonia

490 Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H E Dodson MD Medical Examiner for Cecil County — Rising Sun Md — 3-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 4-2-1949 — NAME OF CEMETERY OR CREMATORY: Methodist — LOCATION (City, town, or county) (State): North East, Cecil Co Md

DATE REC'D BY LOCAL REG. 4/1/49 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR — ADDRESS: Joseph R. Grave North East Md

M — The correct age

I — MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02595

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 5 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (Home of Deceased): STATE MARYLAND — COUNTY CECIL — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EARLEVILLE — STREET ADDRESS (If rural, give location) HACK'S POINT

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) (Last) LEYBOLD

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 17 1869

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED STOREKEEPER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Leybold

14. MOTHER'S MAIDEN NAME: Rebecca Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate gland — Interval Between Onset and Death: 1 year

Antecedent cause(s)

177 518

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949 to March 13 1949, that I last saw the deceased alive on March 13, 1949, and that death occurred at 2 16 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry V. Davis M.D. Chesapeake City Md 3/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/16/49 — NAME OF CEMETERY OR CREMATORY: Georgetown — LOCATION (City, town, or county) (State): Georgetown Md.

DATE REC'D BY LOCAL REG. 3/15/49 — REGISTRAR'S SIGNATURE: J R Frazer

24. FUNERAL DIRECTOR: Edward R Clower — ADDRESS: Millington Md

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02596

Reg. Dist. No. 95

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH
COUNTY Cecil
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Outside Port Deposit
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil, Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Irvine	Moran	Mar	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		May 21, 1945	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Port Deposit, Md.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jame Moran	Armintia Van Dyke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Armintia Moran

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchs-Pneumonia	3 days
85.1 Antecedent cause(s)		
35 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Measles	8 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mch 9, 1949, to Mch 10, 1949, that I last saw the deceased alive on Mch 10, 1949 and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. F. Benson ADDRESS Port Deposit. Md. DATE SIGNED 3-10-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar 13 1949	Hopewell	Port Deposit	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-1949	L. M. Worthington	J. E. Tyson	Rising Sun Md.

VS. A15

RECEIVED
MAR 15 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02597

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton Md RD 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Elkton Md RD 5

3. NAME OF DECEASED (Type or Print): (First) James (Middle) H. (Last) Pierce

4. DATE OF DEATH: (Month) Mar (Day) 2 (Year) 1949

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH Sept 24 1868 — 9. AGE last birthday 80 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Pierce — 14. MOTHER'S MAIDEN NAME Ned Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — — 17. INFORMANT Mrs Anna E. Pierce

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Circulatory Failure

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

97 (b) Atheromatosis

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 19 49, to Mar 2, 19 49, that I last saw the deceased alive on Feb 28, 19 49, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

F. S. Engle M.D. — Oxford Penna

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE Mar 6 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) (State) Cecil Co Md

DATE REC'D BY LOCAL REG. 3/3/49 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR — ADDRESS

P. J. Jones Newark Del

RECEIVED
MAR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02598

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 North

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 602 North

3. NAME OF DECEASED (Type or Print) (First) Phillip (Middle) H (Last) Rambo

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1949

5. SEX M.

6. COLOR OR RACE Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept 2, 1900

9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Elkton, Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Arthur Rambo.

14. MOTHER'S MAIDEN NAME Susie Lum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs Margaret Rambo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH 10 hrs.

331

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1949, to March 12, 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE Milford H. Sprecher (Degree or title) MD. ADDRESS Elkton, Md DATE SIGNED March 14, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Mar 15/49 NAME OF CEMETERY OR CREMATORY Elkton, LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. 3/15/49 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Pippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02599

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Md.; LENGTH OF STAY (in this place) 10 Hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Kent~~ Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton

STREET ADDRESS (If rural give location) 211 Brookletts Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERBERT	T.	SEYMOUR	March	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	9/21/70	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	1898 SAW	Unknown	Hospital Records VA Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Bronchopneumonia, bilateral	1 day
Antecedent cause(s) (b)	Thrombosis of cerebral artery, left	1½ days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized arteriosclerosis and hypertensive disease with auricular fibrillation. — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1:45 PM 3/26/49, 19..., to 11:25 PM 3/26/49, 19..., that I last saw the deceased alive on March 26, 1949, and that death occurred at 11:25 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. TROLLINGER, M.D.	Chief, Professional Services,	VA Hospital, Perry Point, Maryland	3/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/28/49	Spring Hill Cem.	Easton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 28, 1949	Irene E. Daugherty	Cunningham & Son	Havre de Grace, Md.

VS. A15

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02600

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 10 mos. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio; COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Columbus
STREET ADDRESS (If rural give location) 316 So. Central Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) V. (Last) SMITH

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-12-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months 9 Days 19; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Austin Smith - deceased

14. MOTHER'S MAIDEN NAME: Ella A. Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral vascular accident	4-5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia, bilateral	5 days
	(c)	

491
124 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of the liver

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN): --

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from May 17, 1948, to Mar. 31, 1949, that I last saw the deceased alive on March 31, 1949, and that death occurred at 12:41 a.m., from the causes and on the date stated above.

SIGNATURE A. E. Trollinger (Degree or title) ADDRESS DATE SIGNED

A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 4-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: Apr. 1, 1949
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Columbus, Ohio

DATE REC'D BY LOCAL REG.: April 1, 1949
REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
APR 4 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112601

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 11 yrs. 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsburgh
STREET ADDRESS (If rural give location): 4901 Friendship Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) - (Last) SPIKER

4. DATE OF DEATH: (Month) March (Day) 26, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 10, 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months 7 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Daniel Wesley Spiker - deceased

14. MOTHER'S MAIDEN NAME: Harriet Huyler - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Embolus, pulmonary, massive — 5 minutes

Antecedent cause(s) Due to

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thrombus, left iliac vein

(c)

466
100 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --
(CITY OR TOWN): --
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Feb. 26, 1928, to Mar. 26, 1949, that I last saw the deceased alive on Mar. 26, 1949, and that death occurred at 5:55 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. F. Hollinger
A. F. TROLLINGER, M.D., Chief, Professional Services, VA Hospital, Perry Point, Md. 3/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: Mar. 28, 1949
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Pittsburgh, Pa.

DATE REC'D BY LOCAL REG.: March 28, 1949
REGISTRAR'S SIGNATURE: Irma E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02602

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Rising Sun.; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Rising Sun.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Lee (Last) Stephens

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 16. 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rising Sun. Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Stephens

14. MOTHER'S MAIDEN NAME: Philena Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Harry Fox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: W. E. Dodson (Degree or title) MD ADDRESS: Rising Sun Md DATE SIGNED: 3-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Mar 16 1949

NAME OF CEMETERY OR CREMATORY: Rosebank

LOCATION (City, town, or county) (State): Outside Rising Sun Md.

DATE REC'D BY LOCAL REG. 3/14/49

REGISTRAR'S SIGNATURE: Louise Worthington

24. FUNERAL DIRECTOR: J. E. Tyson ADDRESS: Rising Sun Md.

RECEIVED
MAR 15 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02693

CERTIFICATE OF DEATH

Reg. Dist. No. 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON; MARYLAND; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 West Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON; STREET ADDRESS (If rural, give location) 214 West Main

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Stephens

4. DATE OF DEATH: (Month) Mar (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1873 Mar. 20

9. AGE last birthday: 75 yrs. If under 1 year: Months. 11 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd. Cont. & Bldg.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm Stephens

14. MOTHER'S MAIDEN NAME: Elizabeth Scofield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Thomas Dutcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac dilatation

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1949, to 3/9, 1949, that I last saw the deceased alive on 3/8, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE Herbert Baker (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 3/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE Mar 11-49; NAME OF CEMETERY OR CREMATORY Elkton; LOCATION (City, town, or county) Elkton (State) Cecil Md

DATE REC'D BY LOCAL REG. 3/10/49; REGISTRAR'S SIGNATURE H B Frazer

24. FUNERAL DIRECTOR ADDRESS H.W. Pippin & Son Elkton Md.

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02604

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 6 yrs 3 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Baltimore~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 17 E. Saratoga Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	A.	STUMP., Jr.	3	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	July 10, 1889	59 yrs.	7	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phila., Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry A. Stump, Sr.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY No.:

17. INFORMANT: Hospital Records - VAH - Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia, uremic poisoning	4 days
610 Antecedent cause(s)	due to	
137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyelonephrosis	
	due to	
	(c) Hypertrophied prostate	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Melanomablastoma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 25, 1949	Melanosarcoma, spinal cord	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from Nov. 26, 1942, to March 5, 1949, that I last saw the deceased alive on March 5, 1949, and that death occurred at 7:27 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. TROLLINGER, MD / CHIEF, PROFESSIONAL SERVICES, VAH, Perry Point, Md. 3-7-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-9-49	Presbyterian Cemetery	Churchville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
mar 9, 1949	Irma E. Dougherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAR 10 1949
BUREAU V. S.

03196

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M — The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Som
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Thurman C. (Middle) (Last) Taylor, Jr,

4. DATE OF DEATH: (Month) Mar. (Day) 23, (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec.8, 1919

9. AGE last birthday: 29 yrs. — If under 1 year: Months 3 Days 25 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — **(If yes, give war or dates of service)** WW-II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 **Immediate cause** (a) Uremia, uremic poisoning — Interval between onset and death: 2 weeks

1312 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Chronic glomerulonephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 3-17-, 19 49, to 3-23, 19 49, that I last saw the deceased alive on March 23, 19 49, and that death occurred at 10:05 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. Trollinger — A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. — 3-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal — **DATE THEREOF:** 3-24-49 — **NAME OF CEMETERY OR CREMATORY:** Crisfield Cemetery — **LOCATION (City, town, or county) (State):** Crisfield, Md.

DATE REC'D BY LOCAL REG.: Mar 24, 1949 — **REGISTRAR'S SIGNATURE:** Irene E. Dougherty — **24. FUNERAL DIRECTOR ADDRESS:** Bradshaw Funeral Home

BRADSHAW FUNERAL HOME, Crisfield, Md.

RECEIVED
MAR 28 1949
BUREAU V. S.

02605

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) a few mnts
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bronx
STREET ADDRESS (If rural, give location) 1362 Fulton Ave.

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) (Last) TEITELBAUM.
4. DATE OF DEATH (Month) 3 (Day) 18 (Year) 1949
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 10, 1889
9. AGE last birthday 60 yrs. If under 1 year: Months 2 Days 8 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY USA.
13. FATHER'S NAME F. Charnofsky
14. MOTHER'S MAIDEN NAME Freda Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Louis Teitelbaum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Internal Hemmorrhage & Shock.

Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 3 (Day) 18 (Year) 49 (Hour) 1215 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? her car was hit by another

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R. L. Dodson MD (Degree or title) Medical Examiner for Cecil County ADDRESS Risen 9 Sun Md DATE SIGNED 3-18-49.

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE March 18, 1949
NAME OF CEMETERY OR CREMATORY Beth David
LOCATION (City, town, or county) (State) Elmont Long Island, N.Y.
DATE REC'D BY LOCAL REG. 3/18/49
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md Per W. A. L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

102606

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY Clarion; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shippenville; STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	T.	TROUTMAN	March	17,	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months.	1 year Days	If under 24 hrs. Hours	Min.
male	white	Married	11-15-1891	57 yrs.	4	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Perrysville, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Henry Troutman - deceased

14. MOTHER'S MAIDEN NAME: Margaret McNamey - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
545 Immediate cause	(a) Peritonitis, diffuse	3-4 days
Antecedent cause(s)	due to	
1183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Necrosis of gastro-jejunostomy	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Myocardial fibrosis due to Coronary Sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mar. 3, 1949		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--		--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from 11-18-4, 1948, to Mar. 17, 1949, that I last saw the deceased alive on March 17, 1949, and that death occurred at 4:28 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. TROLLINGER, M.D., Chief, Professional Services, VA Hospital, Perry Point, Maryland 3-17-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3-21-49	Arlington National Cemetery,	Fort Myer, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 21, 1949	Irma E. Daugherty.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02607

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
LENGTH OF STAY (in this place): 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) B. (Last) Underwood

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 5, 1864

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rising Sun Rural Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Quigley

14. MOTHER'S MAIDEN NAME: Woodrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Alice U. McDaniel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

420.1 / 94a Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1948, to 3-7-, 1949, that I last saw the deceased alive on 3-6-, 1949, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C B Caccins M.D. North East, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 9, 1949 — NAME OF CEMETERY OR CREMATORY: Methodist — LOCATION (City, town, or county) (State): North East Maryland

DATE REC'D BY LOCAL REG. 3-9-49 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph P Grant — ADDRESS: North East, Maryland

VS. A15

RECEIVED
MAR 10 1949
BUREAU V. S.

EVIDENCE FOR ADDITIONS IN #1, 2, 4, 5, 6, 8, 9, 10a, 11, 13, 14, & 17 IS C.N.

FILM No. G 119 MAR 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02608

Reg. Dist. No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANASTATIA (Middle) (Last) WACLAWSKI

4. DATE OF DEATH: (Month) March (Dey) 15 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — | 8. DATE OF BIRTH: Dec. 15, 1888 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months. 3 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Austria-Hungary | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Schynor | 14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Anna Mc Ginn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS — Interval Between Onset and Death: 4 YEARS

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 46, to March 15 19 49, that I last saw the deceased alive on March 14 19 49, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: Hen V. Davis M.D. (Degree or title) | ADDRESS: Chesapeake City Md. | DATE SIGNED: 3/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: March 18-49 | NAME OF CEMETERY OR CREMATORY: St. Rocies | LOCATION (City, town, or county) (State): Chesapeake City Md.

DATE REC'D BY LOCAL REG.: March 18th 1949 | REGISTRAR'S SIGNATURE: Mrs. Sarah Josh H. Ellis | 24. FUNERAL DIRECTOR: A.W. Pippin | ADDRESS: Elkton Md.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02609

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) L. (Last) Willis

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1949.

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower | 8. DATE OF BIRTH 10-29-77 | 9. AGE last birthday 71 yrs. | If under 1 year: Months 4 Days 22. | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night magistrate | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Cecil Co Md. | 12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME no information | 14. MOTHER'S MAIDEN NAME Mary L Thompson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Paul J Peterson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary ardiecac

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Deputy Medical Examiner) for Cecil County | ADDRESS | DATE SIGNED

R E Dodson M D — Rising Sun Md — 3-13-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3-16-49 | NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery | LOCATION (City, town, or county) (State) Cherry Hill Md

DATE REC'D BY LOCAL REG. 3/15/49 | REGISTRAR'S SIGNATURE F K Frazer | 24. FUNERAL DIRECTOR H W Lippincott | ADDRESS Elkton, Md

RECEIVED
MAR 17 1949
BUREAU V. S.

~~Birth~~ death.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 92

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

02610

1. PLACE OF BIRTH:
   County Cecil
   City or town Elkton
   (If outside city or town limits, write RURAL and give nearest town)
   Street address, hospital, or institution Union Hospital
   Length of mother's stay in County all life
   (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:
   State Md
   County Cecil
   City or town Elkton
   (If outside city or town limits, write RURAL and give nearest town)
   Street No. 108 Bell Lane.
   (If RURAL give LOCATION)

3. Name of child Wilson
4. Date of birth 3-3 1949 Hour 8.40 A.M.
5. Sex F
6. Twin or triplet
7. No. of weeks pregnancy 20 weeks

FATHER OF CHILD

8. Full name No Inf
9. Color
10. Age at time of this birth yrs.
11. Usual occupation

MOTHER OF CHILD

12. Full maiden name Jeanette Wilson
13. Color C
14. Age at time of this birth 18 yrs.
15. Usual occupation Domestic

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? no During labor? no
18. Pregnancy, complications of
19. Labor: (a) Complications of none
(b) Induced? no
20. (a) Was there an operation for delivery? no (Yes or No)
(b) State all operations, if any
(c) Did child die before operation?
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
776 (a) Fetal causes Premature
159 (b) Maternal causes unknown.

22. I certify to the birth of this child who was born ~~dead~~ & died* on the date and hour above stated.
Signature R. C. Dodson MD
(Specify if M. D., midwife, or other)
Address Rising Sun Md.

23. (a) Burial (Burial, cremation or removal) (b) Date thereof Mar 4/49 (month) (day) (year)
(c) Cemetery or crematory Elkton Col. Cem
24. (a) Funeral director H W Pippin
(b) Address Elkton, Md

25. (a) Mar 4 (Date rec'd by registrar) (b) F R Frazer (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
Health Officer, per

* See Instruction C on stub.

V. S. A10

Born. 8.40 A.M. Died 9-10-49. 3-3-49.

3-3-49.

C M I T

RECEIVED
MAR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02611

CERTIFICATE OF DEATH

Reg. Dist. No. 95

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun — LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isaac	Thomas	Yocum	March.	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	July 10, 1872	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Yocum
14. MOTHER'S MAIDEN NAME: Elizabeth Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Mrs. Isaac Yocum.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcenoma of Jawdale?

177 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 518 (b) Above

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gall Bladder Condition

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 1, 1948	Stricture of Urethera.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 10, 1948, to Mar. 11, 1949, that I last saw the deceased alive on Mar. 11, 1949, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F. L. Goodgrass	M.D.	Warlington Md.	3/13/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 15 1949	Cherry Hill	Cherry Hill Cecil Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mch 16-49	L. M. Mervington	J. E. Tyson	Rising Sun Md.

VS. A15

RECEIVED
MAR 15 1949
BUREAU

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02612

FILM No. G 119 MAR -7 1949

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1513 Stonewood Road ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) D. (Last) YOUNG

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 8, 1909

9. AGE last birthday: 39 ~~38~~ yrs. If under 1 year: Months 4 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Johnstown, Penna.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Unknown -

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) * *PT

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, lobar, left lower lobe — 48 hrs.

500 Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute purulent tracheo-bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, catatonic type

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -- PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Feb. 7, 1949, to Mar. 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 9:00 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. TROLLINGER, M.D. Chief, Professional Services, VA Hospital, Perry Point, Md. 3-1-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: Mar. 1, 1949 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Mar 1, 1949 — REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: John T. Standaway — ADDRESS: LITTLE'S FUNERAL HOME, 2700 Edmondson Ave., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1949
BUREAU V. S.